

Testimony of Representative Ciro D. Rodriguez

Before the Committee on Appropriations, Subcommittee on Labor, Health and Human Services, and Education May 16, 2002 - 10:15 a.m.

Chairman Regula and Ranking Member Obey:

Thank you for the opportunity to address the Subcommittee. I serve as Chair of the Congressional Hispanic Caucus Health Task Force and I have served in this capacity over the past four years. I am pleased to be here today to outline the CHC health budget priorities for the coming fiscal year.

But first, I would like to thank the Subcommittee for their support last year of two specific programs. The first is the Health Professions programs administered by the Health Resources and Services Administration. By providing a funding increase for this account, you ensured the continuation of two highly successful programs critical to the recruitment and training of minority health professionals. The second is the Minority HIV/AIDS Initiative which is an important funding stream for capacity building within minority community based organizations.

I will speak in greater detail on these programs further on in my testimony. However, I wanted to take a moment and thank you for your past support. I am approached on a weekly basis by individuals and organizations who stress how important these programs are to the Hispanic community. I am here on their behalf, and on behalf of the Congressional Hispanic Caucus, to ask for your continued support.

As you know, the Congressional Hispanic Caucus is comprised of 18 Hispanic Members of Congress. We are dedicated to voicing and advancing issues which affect Hispanics throughout the nation. Although every issue that affects the quality of life of Americans is of concern to the CHC, there are national and international issues that have a particular impact on the Hispanic community. One such area is health care. The Congressional Hispanic Caucus supports continued efforts to address the health care needs of underserved communities, especially the unique needs of the Hispanic community.

I. Access to Health Care

Hispanics continue to be the most medically underserved population in the United States. I know that it will come as no surprise to you to hear that Hispanics now comprise 12.5% of the US population. But shockingly, they make up nearly one quarter of the uninsured, close to 11 million people. In April of 2000, the Kaiser Family Foundation issued a report entitled "Racial

and Ethnic Health Disparities in Access to Health Insurance and Health Care.” The report documented how over one-third, or 37 percent, of nonelderly Hispanics are uninsured, mainly affecting the working poor. Statistics show that 87% of uninsured Latinos come from working families.

Community Health Centers

Lack of insurance has a direct impact on access to care. We support increased funding levels for programs which build bridges to better care. Community health centers play a critical role in building those bridges. Moreover, they are an intricate part of the safety net mechanism in place to catch those who fall through the cracks. Today, health centers serve more than 11 million patients across the nation, including the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. They serve one out of every 6 low-income children, one of every 10 uninsured persons, and seven million people of color.

As you heard earlier, there are studies showing how racial and ethnic health disparities persist. However, there is some research that indicates community health centers are a solution for this problem. A recent report in the Medical Care Research and Review documents how community health centers reduce racial health disparities. For instance, the research shows that hypertensive health center African American and Hispanic patients report at a rate of 90 percent that their blood pressure is under control, more than three times that of a comparable group of hypertensives in the nation and nearly double the Healthy People 2000 goal of 50 percent.

Community health centers are a valuable part of local communities and we fully support their efforts. The CHC requests a funding increase of \$250 million above the current funding level for community health centers. This funding level will allow the centers to expand and deliver health care services to the medically underserved. The requested funding level will put us on track to meeting the President’s goal of \$3.6 billion over 5 years to build an additional 1200 community health centers across the nation.

Expansion of SCHIP/Medicaid to Legal Immigrant Children

Between 1995 and 1999, the proportion of citizen children in immigrant families who were uninsured grew from 28 percent to 31 percent. During that same time period, the percentage of low-income immigrant children insured by Medicaid or SCHIP fell from 36 percent to 28 percent. A survey conducted by the Urban Institute in 1999 found that Texas and Florida have the highest uninsured rates for children of immigrants, and they have the least generous health insurance programs for immigrants.

To address this growing problem, one which will negatively impact local health districts, city and county budgets, and the health of all our communities, the CHC supports giving states

the option of extending SCHIP/Medicaid coverage to eligible immigrant children and pregnant mothers who are lawfully residing in the United States. Doing so would provide health care coverage for more than 144,000 children and 33,000 pregnant mothers. The CBO cost estimates of this initiative are \$565 million over 5 years.

II. Cultural Competency and Limited English Proficiency

As the health care system struggles with how to meet the needs of an increasingly diverse patient population, the CHC advocates for culturally competent and linguistically appropriate health care services. All sectors of society should have access to care where they will be treated with dignity and where they have the opportunity to participate in making their own health care decisions.

Language and cultural differences can serve as huge barriers in obtaining care and treatment and can even be life threatening. This month, the Access Project released the report "What a Difference an Interpreter Can Make - Health Care Experiences of Uninsured with Limited English Proficiency." Researchers found that among uninsured patients who were prescribed medication, 27% of those who needed but did not get an interpreter said they did not understand the instructions for taking the medication. Imagine what the consequences can be if one does not understand how to take a medication correctly.

On March 14, 2002, the Office of Management and Budget released a report to Congress on the Assessment of the Total Benefits and Costs of Implementing Executive Order No. 13166: Improving Access to Services for Persons with Limited English Proficiency." Due to a lack of sufficient data, OMB could not provide actual data relating to the benefits or costs, but rather they used data and assumptions about services that could be provided to LEP individuals. Their report concluded that the cost of LEP services, while difficult to quantify, can be significant. But the benefit for LEP individuals and providers is also very significant. According to OMB, these benefits include possible decreases in misdiagnoses and medical errors, increased patient satisfaction and health, decreased costs, and increased efficiency for providers.

We ask for an increase of \$3 million for the activities of the Center for Linguistics and Cultural Competence in Health Care at the Office of Minority Health in the Department of Health and Human Services. The full funding request would allow the Office to assist regional, state, local and tribal health partnerships and support initiatives to address cultural and linguistic competency in health care and other programs that help strengthen families and communities.

We also ask for an appropriate funding increase for the Office of Civil Rights (OCR) at the Department of Health and Human Services. OCR plays a crucial role in ensuring that recipients of federal dollars are responsible to their LEP beneficiaries. The Administration's

FY03 budget provides for a \$2 million increase for OCR, but a greater increase is needed to support their efforts.

III. Chronic and Communicable Diseases

Hispanics continue to face health disparities when it comes to quality of care, treatment, chronic disease and a host of other issues. A recent report by the National Institute of Medicine entitled: "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care" outlined four areas that contribute to health disparities: 1) language barriers; 2) inadequate health coverage; 3) health care provider bias; and 4) lack of minority physicians. The report showed that even when controlling for factors such as access to care, racial and ethnic health disparities exist. The Hispanic Caucus supports all efforts to eliminate such health disparities.

Diabetes

In the last decade, diabetes increased by 33% and it continues to be a major problem in the Hispanic community. According to the CDC, 10.2% of all Hispanics have diabetes. Mexican Americans, the largest Hispanic/Latino subgroup, are twice as likely to have diabetes than non-Hispanic whites of similar age. Similarly, residents of Puerto Rico are twice as likely to have diagnosed diabetes than U.S. non-Hispanic whites. Type 2 diabetes, once largely restricted to people middle-aged and over, is now being seen in youth - especially Hispanic youth - at unprecedented rates.

Prevention and treatment programs remain an important tool for reversing trends in diabetes among Hispanics. Controlling the risk factors of diabetes can prevent the development of diabetes in many genetically susceptible individuals. We are learning more about the relationship between diet and risk for diabetes, particularly among children. Further research and education is needed to combat the growth of this chronic disease.

We support an increased funding level of \$100 million for Hispanic-focused diabetes prevention and treatment programs. These activities include targeting geographic areas of the country that have a high incidence of diabetes and mortality of diabetes, particularly in the Hispanic community.

HIV/AIDS

While Hispanics are only 12.5% of the population, they now comprise 19% of new HIV infections. To compound the problem, Latinos are slow to seek treatment and other services. And when they do seek treatment, there is often an additional delay due to a lack of bilingual health care providers. This delay can cause severe health complications and rapid progression of the disease.

It is critical that our local providers have adequate resources to serve the needs of the Latino population. The Minority HIV/AIDS Initiative is a comprehensive package of programs aimed at reducing the impact of HIV/AIDS on racial and ethnic minorities, including funds for community-based organizations, research institutions, and state and local health departments.

We request the full funding level of \$540 million for the Minority AIDS Initiative to promote capacity building for minority community-based organizations. The Hispanic Caucus asks the subcommittee to support the Minority AIDS Initiatives' intent to strengthen vital minority community-based organizations.

IV. Mental Health and Substance Abuse

The CHC supports an appropriate increase in funding for the Substance Abuse and Mental Health Services Administration. The lack of access to culturally competent treatment, the practice of criminalizing the mentally ill, high levels of stigma, and often stressful living conditions lead to increased mental illness and substance abuse among the Hispanic community. Mexican-American women are more likely to report severe depression than their non-Hispanic Anglo or African-American peers. Hispanic girls now lead girls nationwide in rates of suicide attempts, alcohol and drug abuse, and self-reported gun possession.

V. Health Professions Programs

The Health Professions Programs, administered by the Health Resources and Services Administration (HRSA), trains and educates health professionals, and works to increase the number of individuals working in underserved communities, including communities of color.

Hispanics, a medically underserved population, make up only 5% of total physicians and less than 2% of Registered Nurses. Two health profession programs, the Health Careers Opportunity Program (HCOP) and the Centers of Excellence (COE), work to train Hispanics and other communities of color in the health professions. They identify and train talented individuals who otherwise might be overlooked. HCOP provides grants to institutions for recruitment and training of disadvantaged students in health professions programs. The COE grants give institutions the opportunity to strengthen their capacity to train students from diverse backgrounds.

The CHC supports a funding level of \$40 million for the Health Careers Opportunity Program and \$40 million for the Centers of Excellence program. In addition, we support an overall funding level of \$550 million for the Health Profession and Nursing Education Programs. These successful programs are critical for training a diverse workforce for the future.

VI. Research and Data Collection

As policy makers, each of us knows the importance of having good, reliable data to inform us and help us better understand current trends. For this reason, the CHC supported the elevation of the Office of Research on Minority Health to that of a National Center on Minority Health and Health Disparities (NCMHHD) at NIH. We strongly believe in the need for Hispanic focused research and data collection which will help us increase access to care and eliminate health disparities. We will be submitting report language which recognizes the importance of Hispanic focused research and directs the NCMHHD to develop a Hispanic health research agenda. We ask the Subcommittee for their consideration of this language and its inclusion in the final Labor-HHS appropriations bill.

The CHC requests a \$225 million funding level for the NCMHHD and that \$5 million be earmarked for the National Hispanic Health Foundation. The National Hispanic Health Foundation was established by the National Hispanic Medical Association. It is a 501(c)3 organization that is currently negotiating its location at the Robert F. Wagner Graduate School of Public Service, New York University. The purpose of the Foundation is to develop knowledge about Hispanic health, a "think tank" for Hispanic health in the United States. The Foundation's major activities would address health services research, support senior and junior Hispanic health researchers, establish a Journal of Hispanic Health, and support educational activities. We need to raise awareness of Hispanic health issues. I believe this effort would be unique and offer outstanding information to move the policy and research arena forward for Hispanic health program development.

VII. National Hispanic Leadership Fellowship Program

For the past three years, HRSA sponsored the National Hispanic Leadership Fellowship Program, a highly successful and outstanding program. Through training and mentorship, the program has promoted the development of leadership potential among 60 mid-career Hispanic physicians. In addition, it offers a unique health policy leadership development curriculum that has been enthusiastically received by faculty and fellows.

Hispanic physicians have expanded their awareness of important Federal programs, how Congress and the Executive Branch work, as well as awareness of other sectors that impact on health issues that impact Hispanic community through networking with media, foundations, national advocacy organizations and key leaders from different sectors of the health arena. Finally, as a result of the program, several of the fellows have participated in Federal activities, including advisory committees, grant review committees, and conferences.

The CHC supports a funding level of \$325,000 for the National Hispanic Leadership Fellowship Program at HRSA. We recognize the value of increasing Hispanic participation on

advisory and grant review committees throughout HHS. Programs such as these help provide the type of training that will increase Hispanic participation.

VIII. Administration Budget Proposal Concerns

The budget eliminates \$125 million for the Community Access Program (CAP). CAP provides grants to community providers such as hospitals and community health centers that serve uninsured or under-insured persons. The grants allow these providers to develop and coordinate their care network so that people gain access to necessary health care services.

The budget freezes discretionary funding for the CDC National Immunization Program. Immunization and vaccines are among the most cost-effective methods of preventing illness, especially among infants and children. Over 2 million newborns each year depend upon CDC funded vaccines.

Mr. Chairman, thank you for your time and the opportunity to address the subcommittee on the Congressional Hispanic Caucus priorities to meet the pressing health care needs of the Hispanic community. I would be happy to answer any questions the subcommittee may have.